## DECLARATION AND POWER OF ATTORNEY IN PATENT APPLICATION

Attorney Docket No: 493-41-3

As a below named inventor, I hereby declare:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

LINKED GAME SYSTEMS WITH STEREOSCOPIC DISPLAY

the specific	ation of which	•
×	is attached hereto.	
		as U.S. Application Serial No
	,	(if applicable).
	pecification, including the cl	understand the contents of the above- aims, as amended by any amendment

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby appoint the attorneys associated with Customer No. 000996 to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith. Address all correspondence and phone calls to:

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I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Inventor: Robert M. Best Citizenship: United States

Residence: 5100 S. Cleveland Ave. suite 318 # 325, Fort Myers, FL 33907

Inventor's Signature

Date

2-13-2004